



## SHAREHOLDERS TRUST FORM

### How to complete

For use on a plan taken out as part of a personal shareholder protection arrangement

Insert the name and address of the Settlor (plan owner / life assured) along with the date of the protection application CAB and data protection form and the type of plan being proposed for e.g Term Life Cover plan. This information is to ensure that the trust can be linked to the plan.

I (shareholders name) \_\_\_\_\_ of (address) \_\_\_\_\_ have submitted a proposal dated (date of proposal) \_\_\_\_\_ to Irish Life Assurance plc

Next the name and address of the business on which the personal shareholder protection arrangement is being put in place. (not the individual shareholders)

(a) the shareholders for the time being of *(name of company)* \_\_\_\_\_  
having its registered office at *(address of company)* \_\_\_\_\_  
and,

The name of the individual with the power to appoint a trustee after the death of the settlor. This can be one of the other shareholders in the business or a solicitor acting for the business.

5. As settlor, I shall have the power by deed during my life to appoint a new or additional trustee or trustees and shall also have power by deed to remove any trustee. The power of appointing a new trustee or trustees after my death in any case where there is no trustee able and willing to act as such is vested in *(insert name and address of person who has power to appoint a trustee after the settlor's death)* \_\_\_\_\_ provided that, as settlor, I may at any time or times by notice in writing to the company vest the said power of appointing a new trustee or trustees in any person or persons in substitution for the person or persons in whom it has previously

Finally the trust will be invalid if it is not signed, dated and the signature witnessed. The trust form must be dated on or before the date of the protection application CAB and data protection form.

Date: \_\_\_\_\_

Signature of Settlor: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_